U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE

DECLARATION

ATTORNEY'S DOCKET NO. 1662/53604

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled CRYSTALLINE SOLIDS OF CARVEDILOL AND PROCESSES FOR THEIR PREPARATION, the specification of which was filed on January 15, 2003 as U.S. Serial No. 10/342,905.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

PRIOR UNITED STATES APPLICATION(S)

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

APPLICATION NUMBER	FILING DATE (day, month, year)
60/349,310	15 January 2002

SEND CORRESPONDENCE, AND DIRECT TELEPHONE CALLS TO:

Steven J. Lee

26646

PATENT TRADEMARK OFFICE

I declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FIRST GIVEN NAME		SECOND GIVEN NAME
KOR	Ilan		
СІТУ	STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP
Shoham	Israel		Israel
POST OFFICE ADDRESS	СІТУ		STATE & ZIP CODE/COUNTRY
Ha'Tavor 131 P.O. Box 1583	Shoham		Israel
/\dagger .1c		Date 5	/3/03
FAMILY NAME	FIRST GIVEN NAME		SECOND GIVEN NAME
WIZEL	Shlomit		
СІТҮ	STATE OR FOREIGN COUNTRY Israel		COUNTRY OF CITIZENSHIP
Petah Tiqva			Israel
POST OFFICE ADDRESS	СІТУ		STATE & ZIP CODE/COUNTRY
Yehuda Hanassi 2	Petah Tiqva 49742		Israel
gnature — //		Date 5.3.23	
	Shoham POST OFFICE ADDRESS Ha'Tavor 131 P.O. Box 1583 'IC FAMILY NAME WIZEL CITY Petah Tiqva POST OFFICE ADDRESS Yehuda Hanassi 2	Shoham Israel POST OFFICE ADDRESS CITY Ha'Tavor 131 P.O. Box 1583 FAMILY NAME FIRST GIVEN WIZEL Shlomit CITY STATE OR FO Petah Tiqva Israel POST OFFICE ADDRESS CITY Yehuda Hanassi 2 Petah Tic	Shoham Israel POST OFFICE ADDRESS CITY Ha'Tavor 131 Shoham P.O. Box 1583 Date S FAMILY NAME FIRST GIVEN NAME WIZEL Shlomit CITY STATE OR FOREIGN COUNTRY Petah Tiqva Israel POST OFFICE ADDRESS CITY Yehuda Hanassi 2 Petah Tiqva 49742